

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Sm</i>		2/22/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>Sm</i>	4-15-00
RESPONSE FORMALITY REVIEW		<i>Sm</i>	4-15-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/6/03
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15	✓	✓	6/20/03
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21	✓	✓	1/23/04
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29	✓	✓	
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36	✓	✓	
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41	✓	✓	
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47	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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